City of Rockford, Illinois
Community & Economic Development Department
Construction and Development Services 425 East State Street, Rockford, IL 61104 Phone: (779) 348-7158 Fax: (815) 967-4243

Web: www.rockfordil.gov



SIDING PERMIT APPLICATION

0.1			App. #:
Location & Owner Informati	on		
Project Address			P.I.N.
	☐ Two Family ☐ Multi-F	am. (3+ Units) 🗆 Comm	ercial/Industrial
Company / Business Name (if commercial)			
Owner's		Phone	Fax/
Name Owner's		City	Email State Zip
Address		,	
Siding Contractor			
Company		Contact Person	
Address		City	State Zip
Phone Fax		Email	
Description of Work			
☐ Install New Siding Over Existing Siding/Materials		Location of Work: (i.e. house, garage, etc.)	
☐ Remove Existing Siding and Install New Siding			
☐ Repair/Replace Portions of Existing Siding		Type of Siding: (i.e. vinyl, aluminum, etc.)	
□ Other:			
Total Cost of Project Expected			Expected
(Labor, Materials, Soverhead & Profit):	Start Date:		Completion Date:
, , , , , , , , , , , , , , , , , , ,	agent of the property fo	or which this application	is being filed. I hereby certify:
As Owner or the Owner's authorized agent of the property for which this application is being filed, I hereby certify: 1. The description of work and information contained on this application is correct and;			
·	all conditions of approva		eable City Ordinances and pay all
3. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf			
of the owner as his/her ager		о институт	
Signature X Date:			
▼ THI	IS SECTION TO BE CO	MPLETED BY CITY ST	AFF ▼
Permit #:		Permit Fee (1010-1000-60221)	
		Tech Fee (1010-1000-60228)	8)
Approved By:			\$ <u>5.70</u>
		Total Fees:	
Approval Date:			\$ <u>62.70</u>
City of Rockford Siding Permit Application			Rev. 03/09/2015